

**YOUTH SERVICES  
VERIFICATION OF FMLA ENTITLEMENT  
(To Be Completed by Unit's HR Liaison)**

DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

PERSONNEL NUMBER: \_\_\_\_\_

PERSON COMPLETING FORM: \_\_\_\_\_

*To determine the 12-month employment period:*

The HR Liaison should review the employee's personnel record to determine if the employee has been employed by the State of Louisiana (not just YS) for at least 12 months prior to the leave request. (Employment does not need to be consecutive.)

\_\_\_\_\_ to \_\_\_\_\_

*To determine if the employee has physically worked at least 1,250 hours:*

The HR Liaison should review the payroll leave registers in ISIS for the 12 months immediately preceding the date of the FMLA leave request to determine that the following hours were not worked:

Annual	_____
Sick	_____
Holidays	_____
LWOP	_____
Special Closure	_____
Other	_____
<b>TOTAL</b>	_____

*During the pay periods reviewed, the employee has worked the following hours in excess of regularly scheduled work hours:*

Compensatory	_____
Paid Overtime	_____
<b>TOTAL</b>	_____

*FMLA Formula:*     2080 hours (80 hours x 26 pay periods)

Leave Taken     -     \_\_\_\_\_

Compensatory/  
Paid Overtime  
Hours worked     +     \_\_\_\_\_

Total Hours Worked \_\_\_\_\_